

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 373922 (4)

1. Corporation Name

ALARM CONTROL, INC.



Principal Place of Business

6065 N.W. 167 ST., #B15  
MIAMI LKS FL 33015

Mailing Address

6065 N.W. 167 ST., #B15  
MIAMI LKS FL 33015

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

12/11/1970

3a. Date of Last Report

05/01/1995

4. FEI Number

59-1314267

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SMYLER, HENRY I., ESQ.  
9200 S. DADELAND BLVD  
DADELAND TOWERS N., STE 520  
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature type for protection of registered agent is not applicable)

(Print Name of Agent if Agent is not a resident of Florida)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

☐ DELETE

NAME

AKINS, TERRY E.  
11332 SW 97 AVENUE  
MIAMI FL

STREET ADDRESS

CITY - ST - ZIP

TITLE

S

☐ DELETE

NAME

AKINS, CYNTHIA L.  
11332 SW 97 AVE  
MIAMI FL

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

15 CITY - ST - ZIP

16 CITY - ST - ZIP

17 CITY - ST - ZIP

18 CITY - ST - ZIP

19 CITY - ST - ZIP

20 CITY - ST - ZIP

21 CITY - ST - ZIP

22 CITY - ST - ZIP

23 CITY - ST - ZIP

24 CITY - ST - ZIP

25 CITY - ST - ZIP

26 CITY - ST - ZIP

27 CITY - ST - ZIP

28 CITY - ST - ZIP

29 CITY - ST - ZIP

30 CITY - ST - ZIP

31 CITY - ST - ZIP

32 CITY - ST - ZIP

33 CITY - ST - ZIP

34 CITY - ST - ZIP

35 CITY - ST - ZIP

36 CITY - ST - ZIP

37 CITY - ST - ZIP

38 CITY - ST - ZIP

39 CITY - ST - ZIP

40 CITY - ST - ZIP

41 CITY - ST - ZIP

42 CITY - ST - ZIP

43 CITY - ST - ZIP

44 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or as an attachment with an address.

SIGNATURE:

*Terry E. Akins*

(Signature and Typed or Printed Name of Signing Officer or Director)

3-5-96

Date

305  
8254647

Daytime Phone #

CR2E034 (12/95)